Internal External HDDC

TISSUE PROCESSING SHEET

HISTOLOGY CORE FACILITY
DANA 806

Principal Investigator_____ User Name_____
Address_____ Phone #_____
_____ E-mail_____
_____
Date tissue placed in fixative:_____ Grant # to Bill:_____
Fixative used:_____10% Formalin
_____ Other_____

	TISSUE TYPE	H & E	BLANK	OTHER	BILLING	PRICE
1						
2						
3						
4						
5						
6						
7						

Total Due:

COMMENTS / SPECIAL INTRUCTIONS

_____
_____
_____
_____
_____

I have read over and discussed with the investigator the above instructions and/or comments.

_____ _____ _____
Histology Tech. Investigator Date

PLEASE READ AND SIGN THE FOLLOWING WHEN PICKING UP MATERIALS:
I have received the block(s) and slide(s) in the manner in which I requested. I understand the Histology Facility will not store my block(s) and/or slide(s) and the are in my possession.

Signature_____
Investigator

HISTO LAB USE ONLY

Date received_____

Accession #_____